

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90219 047 ****55.00

DOCUMENT # L01000017254

1. Entity Name
MATIRA, L.L.C.

Principal Place of Business
601 BRICKELL KEY DRIVE, SUITE 507
MIAMI FL 33131

Mailing Address
C/O IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DRIVE, SUITE 507
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6401 S.W. 87 AVENUE

3. Mailing Address
Same as Principal Place

Suite, Apt. #, etc.
SUITE 202

Suite, Apt. #, etc.

City & State
MIAMI, FL 33

City & State

Zip
33173

Country
U.S.A.

Zip

Country

4. FEI Number
65-1144925

Applied For
 Not Applicable

5. Certificate of Status Desired **XX** **\$5.00** Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IAG CORPORATE SERVICES, INC.
C/O IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DRIVE, SUITE 507
MIAMI FL 33131

Name
Ronald J. Figueroa CPA
 Street Address (P.O. Box Number is Not Acceptable)
6401 SW 87 Ave
Suite 202
 City
Miami **FL** Zip Code
33173

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Ronald J. Figueroa CPA**
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/2002

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
NGR
Ronald J. Figueroa CPA
6401 SW 87 Ave, Suite 202
Miami, FL 33173

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(305) 273-1344
305-371-9212

CR2E083 (9/01)